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ABSTRACT

A study investigated the impact that the portrayal of doctors and nurses on television had on the expectations of viewers, particularly on communication within the doctor-patient relationship. Approximately 200 adults responded to telephone interview questions about their television viewing habits, their information-seeking behavior regarding medical issues, their perceptions of the quality of television-provided medical information, and their evaluations of physicians in general. They also responded to questions concerning the differences in the behavior of real doctors and nurses and those portrayed on television. Results showed agreement among respondents that television doctors were more friendly, put patients more at ease, showed more interest, were more understanding, and offered more information than their real-life counterparts. For nurses, however, the findings were nearly the opposite, with real nurses outperforming their television counterparts in friendliness, putting patients at ease, showing interest, and understanding. Nurses on television were thought to outperform real nurses in offering information more freely. The findings suggest that audiences have distinct perceptions of television characters in relation to their real-life counterparts, which may create unrealistic expectations of those in many professions, including the medical profession. (FL)

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AUDIENCE PERCEPTIONS OF THE PERFORMANCE OF TELEVISION DOCTORS AND NURSES IN THE PATIENT RELATIONSHIP COMPARED TO THE PERFORMANCE OF THOSE IN REAL LIFE

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INTRODUCTION AND STATEMENT OF THE PROBLEM

One of the most enduring program types on television is the medical show. In his thoughtful essay Robert Alley traces the history of television medical shows, comments on their content and speculates on their effects.[1] He points out that the first such show, "Medic" began in 1954 and ran until 1956 when it was taken off the air, in part, due to pressure from special interest groups protesting the portrayal of a Caesarean section.

In the early 1960s two other shows, "Ben Casey" and "Dr. Kildare," were produced. These two programs immediately gained wide acceptance and inaugurated what Alley calls "the idea of a plot in search of a disease" where the doctor/surgeon becomes a hero by solving human conflicts. Late in that decade there was a return to the relevance hinted at by "Medic" when "The Bold Ones" was developed. This was an anthology that alternately dealt with policemen, lawyers, a senator and a group of doctors. Alley says "The Bold Ones" made a greater effort than earlier shows to educate the audience about medical problems and diseases before it was taken off the air in 1972.

However, it is really a contemporary of "The Bold Ones" that most persons think of when asked to name a television medical show. "Marcus Welby, M.D." first aired in 1969 and ran until 1976 when it was placed in syndication where it is still entertaining millions of people all over the world. At its peak, "Marcus Welby, M.D." did more than entertain. Michael Real, in another commentary on medical television shows, reports that Robert Young, the senior Marcus Welby who guides the young Dr. Steven Kiley through the intricacies of medical practice, received an average of 5,000 letters a week asking for medical and emotional advice.[2]

The popularity of medically-related television shows continues into the 1980s. For instance, during one week in the Fall of 1981, a total of 38 television shows dealing exclusively, or in part, with medical themes was available to viewers residing in a large section of one mid-western state.[3] Certainly, this is not atypical for most sections of the country.

What of the content of these popular programs? How have doctors and nurses been portrayed for the public? Both Alley and Real believe that medically-related entertainment programs on television are guilty of perpetuating stereotypes and misconceptions on the part of the public. Alley says, "Because of the nature of any dramatic series on TV, medical shows often assume a plurality of functions for the hero that may tend to suggest invincibility or even deification."[4] He quotes one commentator on a Marcus Welby plot as saying,

> The plot is a fantasy, where doctors have time to case the streets for a patient. Superhumans, they not only hold the talisman of medical knowledge but have untold powers of persuasion and marriage counseling. They are superhuman in their devotion to others, they are always right and always know it.[5]

Likewise, Real quotes an evaluation of "Marcus Welby, M.D." by Dr. Michael Halberstam who says,

> Focusing on one problem patient and his family per episode, Welby and Kiley seem to be running a two-man Intensive Care Service, in which they not only attend to their patients' medical problems, but take them to ball games, serve them elaborate dinners, stop by their jobs, and attend their weddings.[6]

Stereotypes of doctors are not the only ones perpetuated on these medical shows. Both Alley and Real note that women are cast in very traditional roles. Nurses are female, young, white and clearly subservient to males. Alley cautious that these shows do not provide adequate role models for women and girls because even when women are presented as full-fledged doctors, they are cast in special

roles. This is consistent with the findings of Miller and Reeves who discovered that 95 percent of doctors on television are portrayed by males.[7]

But, as Alley asks, does any of this really make any difference? Real believes it has a negative impact on society:

> Unfortunately, the genre of dramatic and documentary medicine on television may be as much a part of the problem as a contributor to solutions. Not only is there a paucity of beneficial programs currently being broadcast, but many of the presentations that do deal with the subjects of disease, medical care, and pharmaceutics promote negative attitudes toward "health" among viewers. American television is a commercial industry run by multinational corporations to promote products and advocate a way of life that tends to value conspicuous consumption, passivity, and external manipulation of the environment; internal awareness and care of the body tend to be devalued. Medicine and health portrayed on television entertain many millions and turn large profits but only partially realize the vast potential of mass-mediated culture for improving and maintaining physical health. The resulting impressions tend to serve the medical profession more than the consumer of health care. Television flatters the medical profession, ignores alternatives such as China's "barefoot doctors" and continues the monopoly on medical knowledge maintained by well-paid specialists.[8]

Alley believes that television medical shows may be destroying something even more basic--the element of trust in the doctor-patient relationship. He notes that some experts blame shows like "Marcus Welby" for causing the public to expect much more of their doctors than they are capable of providing. He notes that in the doctor-patient relationship the doctors are only human and cannot begin to measure up to their TV models.

It is percisely this dilemma that this paper seeks to investigate. What impact has the portrayal of doctors and nurses on television had on the expectations of patients, particularly on communication within the doctor-patient relationship? As explained below, communication within the doctor-patient relationship is a major component in the medical process.

As Francis et al. report, the warmth of a long-term association with a single physician has become a luxury for the few rather than the customary setting for health care. Because of this fact, they believe it is imperative to study the various aspects of the doctor-patient relationship. While a number of factors have traditionally been associated with a satisfactory doctor-patient relationship--patient attributes, severity or kind of illness and type of regimen--Francis et al. point to communication within the relationship as being pivotal.[9]

Indeed, according to Cassatta, there is agreement that good doctor-patient communication is essential to effective health care.[10] The reason for this is that research links patient satisfaction and (in most cases) compliance with the doctor's instructions to effective communication between doctor and patient For instance, Daly and Hulka report:

> In addition to increased satisfaction, successful communication between patient and physician has been shown to effect compliance with medical instructions. . . . it was established that failure of the physician to achieve a successful pattern of communication was significantly related to non-compliance as measured by adherence to drug regimens, diet, return appointments, and other advice concerning daily activity and routines.[11]

They add that this failure to establish rapport is often attributed to such factors as social distance between doctors and patients as well as the use of medical jargon that the patient does not understand. These sentiments are echoed by Charney who notes that a persistent finding of research is:

> Patients have less knowledge of medical terminology then they should, and less than most doctors think they possess. They disregard or are unable to follow medical advice a significant amount of time. The likelihood of their complying is influenced by the quality of their interaction with the physician, by both of their personalities, and by whether or not the advice requires a change in habit or lifestyle.[12]

Williams and Clampitt found additional evidence that the quality of the communication activity between patient and physician can be linked to satisfaction on the part of the patient[13] while Francis et al. also documented that satisfaction is related to how well the patient's expectations of the doctor are met.[14]

In essence, patient satisfaction with his or her physician, and to a certain extent, compliance with the doctor's orders, depends not only on what the physician says, but also on how he or she says it. In one of the most clear-cut studies of the doctor-patient relationship, Freemon et al. found five communication-related variables to be crucial to the doctor-patient relationship. They report:

> Outcome of the medical communications, in terms of patients' satisfaction and follow-through on medical advice, was favorably influenced by having a physician who was friendly; expressed solidarity with the mother; took some time to discuss non-medical social subjects; and showed an interest in her and gave her the impression of offering information freely without her having to request it, or feeling excessively questioned by him.[15]

Several of these five communication-related dimensions were also found to be important by Francis et al., while Kupst. et al. found improvement in doctor-patient communication is necessary in order to help patients cope with stressful situations.[16]

RESEARCH QUESTIONS

What the previous research and commentary suggests is that there may be a real difference between appearance and reality in the very important doctor-patient relationship.

On the one hand, there is the continuing popularity of television shows that depict medical personnel displaying intense personal concern for their patients.

In essence, doctors and nurses on television seem to be doing an excellent job of performing the five communication-related activities identified by Freemon et el. as being important to patient satisfaction and compliance. That is, TV medical personnel seem to communicate a sense of friendliness, make their patients feel at ease by discussing non-medical information, express solidarity with their patients by appearing to understand the patient's needs and problems, show an interest in their patients and seem to provide plenty of information without the patient having to request it.

In real life, however, there is an increasingly fragmented pattern of medical care where, with the disappearance of the family physician, a patient must seek help from a variety of specialists who may interact with the patient only on a short-term basis. While such a relationship does not preclude effectiveness by medical personnel in carrying out the communication-related activities, the extreme disparity between the intensely personal doctor-patient relationship on television and the more normal one in real life would seem to register with patients. It seems reasonable to ask then, do patients (i.e. television audiences) perceive that there are differences between the two situations? If so, in what way?

It is exactly these kinds of questions that this exploratory and descriptive study was designed to answer. Adler, in his evaluation of current doctor-patient communication research, comments on the necessity for descriptive studies in this area because of the lack of sufficient knowledge for theory development.[17] Consequently, the first set of specific research questions were formulated to determine audience perceptions of how well television doctors and nurses compared on the five communication related dimensions (identified by Freemon et al.) with real-life doctors and nurses. These research questions are:

1. What are audience perceptions of the friendliness of television doctors and nurses compared to real life?

2. What are audience perceptions of how well television doctors and nurses make their patients feel at ease compared to those in real life?

3. What are audience perceptions of how well television doctors and nurses show an interest in their patients compared to doctors and nurses in real life?

4. What are audience perceptions of how well television doctors and nurses understand patients' needs and problems compared to doctors and nurses in real life?

5. What are audience perceptions of how freely television doctors and nurses offer information without the patient having to request it compared to those in real life?

Furthermore, because of the well documented differences in the way men and women are treated in television portrayals, an additional area of research concern was to determine if there are differences in audience perceptions of doctors and nurses on each of these dimensions. Consequently, these specific research questions were formulated:

6. Are there differences in the way audiences perceive the friendliness of television doctors and the way they perceive television nurses compared to those in real life?

7. Are there differences in the way audiences perceive how well television doctors and how well television nurses make their patients feel at ease compared to those in real life?

8. Are there differences in the way audiences perceive how well television doctors and how well television nurses show an interest in their patients compared to those in real life?

9. Are there differences in the way audiences perceive how well television doctors and how well television nurses understand patient needs and problems compared to those in real life?

10. Are there differences in audience perceptions of how freely television doctors and how freely television nurses offer information without the patient having to request it compared to those in real life?

Finally, because frequent contact with doctors and nurses might be expected to dull the acceptance of television stereotypes, it seems reasonable to investi-

gate any relationship between frequency of contact and perceptions. Consequently, this last set of research questions was formulated:

11. Does frequency of contact with doctors and nurses make a difference in the way audiences perceive the friendliness of television doctors and nurses compared to those in real life?

12. Does frequency of contact with doctors and nurses make a difference in the way audience members perceive how well television doctors and nurses make their patients feel at ease compared to those in real life?

13. Does frequency of contact with doctors and nurses make a difference in the way audience members perceive how well television doctors and nurses show an interest in their patients compared to those in real life?

14. Does frequency of contact with doctors and nurses make a difference in the way audience members perceive how well television doctors and nurses understand patient needs and problems compared to those in real life?

15. Does frequency of contact with doctors and nurses make a difference in audience perceptions of how freely television doctors and nurses offer information without the patient having to request it compared to those in real life?

METHODOLOGY

To gather the data necessary to answer the specific research questions, a research plan was developed to measure audience perceptions of television medical personnel compared to the perceptions of doctors and nurses in real life. This study is only part of a larger one devoted to determining the relationship between the mass media and patient satisfaction with health care.

In November, 1981, a probability sample of household telephone numbers was drawn from a mid-Michigan telephone book serving the communities of Mt. Pleasant, Shepherd and Winn. After a pre-test of the open- and close-ended survey instrument, 18 undergraduate students enrolled in an Honors mass communication theory course at a Michigan state university interviewed 197 persons who were 18 years or older by telephone. Calling was done during the early evening and interviewers made three callbacks before abandoning a busy or not-at-home

number. All interviews, which lasted from 15 to 20 minutes, were completed within a four-day period.

Perceptions of Freemon et al.'s five important variables in the doctor/nurse-patient relationship were gathered by presenting the respondents with the following statements:

1. Doctors/Nurses on television shows are more friendly than doctors/nurses in real life.
2. Doctors/Nurses on television shows make their patients feel more at ease than doctors/nurses in real life.
3. Doctors/Nurses on television shows show more interest in their patients than doctors/nurses in real life.
4. Doctors/Nurses on television shows seem to understand their patients' needs and problems better than doctors/nurses in real life.
5. Doctors/Nurses on television shows offer information more freely without the patient having to request it and without feeling excessively questioned than do doctors/nurses in real life.

Separate statements for doctors and nurses were presented to the respondents who were asked if they Strongly Agreed, Agreed, were Undecided, Disagreed or Strongly Disagreed with the statement. T-Tests for differences among means were used to look for significant differences between the mean response to pairs of items or the mean response of groups to any item, depending upon the specific research question.

In addition to important demographic data, other information gathered from respondents included specific television program viewing preferences, data on information-seeking behavior regarding medical issues, perceptions of the quality of television-provided medical information and evaluations of physicians in general. Only a portion of this information is reported in this paper.

RESULTS AND DISCUSSION

The age of the respondents ranged from 18 to 87 with a mean of 40.15. Females accounted for 50.5 percent of the sample. In terms of education level, 13.9 percent did not graduate from high school, 26.8 percent were high school graduates, 26.8 percent had some college experience, 18 percent had a college degree, 4.6 percent had some post-graduate experience and 9.8 percent had a graduate degree. Just over 55 percent of respondents were married while the rest were single, divorced or widowed.

The vast majority of respondents had a regular family doctor (82.5 percent) and the number of visits to a doctor during the past year ranged from 0 (19.5 percent) to 30 (.5 percent). The median number of visits was 2.09. Only 14.4 percent of the respondents had been hospitalized during the last year. However, 50.8 percent had a family member or friend who had been hospitalized during the past year.

Data needed to answer Research Questions 1-5 can be found in Table I. In general, for doctors there is slight agreement that TV physicians are more friendly, put patients more at ease, show more interest, are more understanding and offer more information than their real-life counterparts. The greatest amount of agreement comes on the "offering information" dimension while the least agreement is on the understanding dimension.

For nurses the findings are nearly the opposite. On four dimensions--friendliness, putting patients at ease, showing interest, and understanding--respondents indicate slight disagreement with the notion that TV nurses outperform nurses in real life. The greatest amount of disagreement with that notion is on the "understanding" item.

However, there is agreement on the part of respondents with the statement that "Nurses on television shows offer information more freely without the patient having to request and without feeling excessively questioned than do nurses in real life." In fact, for the sample as a whole, this item receives the greatest amount of agreement from respondents.

As for Research Questions 6-10, Table I also shows that there are significant differences in respondents' perceptions regarding doctors and nurses. In four out of the five activities--being friendly, putting patients at ease, showing interest and being understanding--television doctors are seen as outperforming their real-life counterparts while TV nurses are not. In other words, real nurses are seen as doing a better job on these dimensions of the patient relationship than are real doctors. However, as noted above, TV nurses are perceived as providing more information than real nurses and on this dimension (compared to nurses) there is less agreement that TV doctors outperform real doctors. While in the opposite direction from the other four dimensions, this difference is still statistically significant.

The answers to Research Questions 10-15 can be found in the data presented in Table II. Because the mean number of visits to a doctor during the past year for respondents was just over two, in order to answer these research questions, respondents were placed into two groups: Those with 2 or fewer visits during the past year (59 percent) and those with three or more. They were labeled as those with Infrequent Contact and those with Frequent Contact.

Table II shows that for doctors, there are no significant differences in perceptions of the two groups. In fact, on two activities--putting patients at ease and showing interest--the means are virtually the same.

It is a somewhat different story for nurses however. There is a significant difference between the groups on the "friendliness" activity. Those with in-

frequent contact with medical personnel express much more agreement with the statement that "Nurses on television shows are more friendly than nurses in real life." There are no significant differences on any of the other activities.

Some aspects of the results of this study are worthy of comment.

First of all, it is interesting to note that the dimension of the doctor/nurse-patient relationship that respondents consistently perceive as being better performed by television medical personnel is the "offering information freely" dimension. Regardless of whether it is for the sample as a whole evaluating doctors and nurses or the Frequent/Infrequent groups evaluating doctors and nurses, this statement receives the greatest amount of agreement. While all five of the dimensions are important in the doctor/nurse-patient relationship, it is fair to say that this dimension is crucial because it is the "what is said" aspect of this communication relationship. This study doesn't provide any clues as to why respondents answered as they did, but they must perceive the TV personnel as doing an exceptionally good job at providing the patient with information or else they perceive their real life physician and nurse as doing an exceptionally poor job at the same task.

An important finding in this study is the fact that there are different perceptions of doctors and nurses. The direction of the differences may be surprising to some, however. As noted above, in four out of the five aspects of the doctor/nurse-patient relationship there is slight disagreement that TV nurses do a better job, but this is a significant difference when compared to TV doctors who are seen as outperforming their real life counterparts. Again, this study is not able to explain why respondents have these perceptions but the answer may lie in the way television nurses are portrayed. In real life, nurses are most often the first and last contact with patients. Also, they

often spend time in "partnership" with the doctor during the visit. Because of the thematic and dramatic limitations inherent in the typical television medical show, the nurses' role may not be fully developed.

Furthermore, it is worth noting that the dimensions of the doctor/nurse-patient relationship where real-life nurses are seen as faring well compared to TV nurses are "how it is said" aspects. In other words, being friendly, putting patients at ease, showing interest and understanding may be just what real life nurses seem to do best. It also seems reasonable to speculate that respondents perceive TV nurses as doing a better job of "freely offering information" because in real life, the nurse may be hesitant to offer any information that the physician has not authorized. Finally while this exploratory study has necessarily been atheoretical, some comment on the findings of this study in relation to current mass communication theory is in order. Specifically, the results of this study would seem to be of interest to those investigating cultivation theory.[18] This perspective holds that the media--particularly television--shape and maintain conceptions of the real world. Proponents of this theory argue that audiences accept the "media world" as a true picture of reality and, consequently, alter their behavior to correspond to the media world rather than the real world.

If this theoretical perspective is valid, then it seems reasonable to speculate that the following hold for some audience members:

1. The dimensions of friendliness, putting patients at ease, showing an interest and understanding as well as freely offering information are related to satisfaction and compliance in the doctor/nurse-patient relationship;

2. Television medical personnel (as this study has demonstrated) in general are perceived as doing a better job of performing these activities than their real life counterparts;

3. A false sense of reality of the doctor/nurse-patient relationship is created in the minds of some patients due to the "media construction" of this relationship;

4. Real life personnel are unable to match this "media construction;"

5. Hence, patient dissatsification and non-compliance.

Obviously, without further study this can only be considered conjecture at this point.

CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY

Several conclusions can be drawn from the results of this exploratory and descriptive study. First, it is clear that television audiences have distinct perceptions of television characters in relation to counterparts in the real world. As noted earlier in this paper, these perceptions may in part be responsible for creating unrealistic expectations of those in the medical profession. However, while this study has focused on doctors and nurses, its results have implications for roles portrayed in other entertainment programs such as law enforcement officers, business executives, entertainers, soldiers, and reporters and editors, to name a few of the current roles portrayed on prime time television. A replication of this study using roles from one of the other program types is necessary in order to validate this notion.

The second conclusion that can be drawn from this study is that audience members have different and distinct perceptions of different roles within the same genre. For instance, television doctors and nurses are perceived differently within the medical show genre. However, further study is necessary in order to determine whether or not this finding is due to perceptions of sex differences in television portrayals. In medical shows, most doctors are males and most nurses are females. Replicating this study using program types having

different roles involving the same sex within a genre would shed light on this question.

A final and tentative conclusion of this study is that there is some reassuring evidence--admittedly fragile--that contact with the real world negates the stereotypes perpetuated by television. In this case, on the "friendly" dimension of the nurse/patient relationship, those with frequent contact with real nurses had significantly different (somewhat more positive) perceptions than those with less contact. Obviously, much more correlational research needs to be done on this question before this notion can be advanced further.

TABLE I

Audience Perceptions of TV Doctors and Nurses
Compared to Those In Real Life*

	Doctors	Nurses
TV Personnel More Friendly	2.88	3.08[1]
TV Personnel Put Patients More at Ease	2.87	3.11[2]
TV Personnel Show More Interest	2.90	3.04[3]
TV Personnel More Understanding	2.97	3.17[4]
TV Personnel Offer More Information	2.76	2.64[5]

*Mean response based on the following scale: 1=Strongly Agree, 2=Agree, 3=undecided, 4=Disagree, 5=Strongly Disagree.

[1]T= -2.46, 193 Degrees of Freedom, 2-Tail P= .015

[2]T= -3.23, 193 Degrees of Freedom, 2-Tail P= .001

[3]T= -1.94, 191 Degrees of Freedom, 2-Tail P= .054

[4]T= -2.76, 191 Degrees of Freedom, 2-Tail P= .006

[5]T= 1.70, 189 Degrees of Freedom, 2-Tail P= .091

TABLE II

Frequency of Contact and Audience Perceptions of
TV Doctors and Nurses Compared to Those in Real Life*

	Doctors		Nurses	
	Frequent Contact	Infrequent Contact	Frequent Contact	Infrquent Contact
TV Personnel More Friendly	3.04	2.78	3.27	2.96[1]
TV Personnel Put Patients More at Ease	2.85	2.87	3.22	3.04
TV Personnel Show More Interest	2.91	2.89	3.14	2.97
TV Personnel More Understanding	3.04	2.91	3.28	3.08
TV Personnel Offer More Information	2.85	2.73	2.63	2.65

*Mean response based on the following scale: 1=Strongly Agree, 2=Agree, 3=Undecided, 4=Disagree, 5=Strongly Disagree

[1]T= 2.09, 190 Degrees of Freedom, 2-Tail P= .038

FOOTNOTES

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[2]Michael R. Real, Mass Mediated Culture, (Englewood Cliffs: Prentice-Hall, 1977), pp. 120-139.

[3]TV Guide, Vol. 29, No. 44, October 31, 1981.

[4]Alley, "Media Medicine," p. 236.

[5]Ibid.

[6]Real, Mass Mediated, p. 123.

[7]Mark Miller and Byron Reeves, "Dramatic TV Content Children's Sex-Role Stereotypes," in Inter/Media, ed. by Gary Gumpert and Robert Cathcart (New York: Oxford University Press, 1979), pp. 449-463.

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[15]Barbara Freemon, Vida F. Negrete, Milton Davis and Barbara M. Korsch, "Gaps in Doctor-Patient Communication; Doctor-Patient Interaction Analysis," Pediatric Research 5, (1971), p. 310.

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[18]For a discussion of Cultivation Theory see: Melvin L. DeFleur and Sandra Ball-Rokeach, Theories of Mass Communication (4th ed.; New York: Longman 1982) p. 207.